

**STATEMENT OF INTEREST
2007-2009 CENTRAL DIVISION,
MOCCFOA OFFICER**

(Please print or type responses)

Name: _____

City: _____

Length of Time in Position: _____

Office Interested In: _____

I am an active member of MoCCFOA: Yes No

I am an active member in my division: Yes No

Designations Earned: *(Please check all that apply.)*

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> CMC | <input type="checkbox"/> MRCC | <input type="checkbox"/> 100 Hour Certificate |
| <input type="checkbox"/> MMCA | <input type="checkbox"/> Continuing | <input type="checkbox"/> 200 Hour Certificate |
| <input type="checkbox"/> 1 st Level | <input type="checkbox"/> Sustaining | <input type="checkbox"/> 300 Hour Certificate |
| <input type="checkbox"/> 2 nd Level | <input type="checkbox"/> MPCC | <input type="checkbox"/> 400 Hour Certificate |
| <input type="checkbox"/> MMC | | <input type="checkbox"/> Other |

Please write below a short description/resume of yourself along with any accomplishments that you would like to relate.

Please complete this form and mail to Barbara Johnson, City of Lincoln, PO Box 17, Lincoln, MO 65338 or fax it to her attention at 660-547-3964. Letters need to be received no later than January 19, 2007.